



Complete Summary

GUIDELINE TITLE

Criteria for ankle/foot.

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Criteria for ankle/foot.
Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug.
2 p.

COMPLETE SUMMARY CONTENT

SCOPE

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INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

SCOPE

DISEASE/CONDITION(S)

- Non- or malunion of an ankle/foot fracture
- Traumatic arthritis secondary to on-the-job injury to the affected ankle/foot joint
- Chronic instability or acute sprain/strain inversion injury

GUIDELINE CATEGORY

Evaluation
Treatment

CLINICAL SPECIALTY

Orthopedic Surgery
Podiatry

INTENDED USERS

Health Care Providers
Health Plans
Physicians
Utilization Management

GUIDELINE OBJECTIVE(S)

To present guidelines for ankle/foot surgery in the injured worker

TARGET POPULATION

The worker with an ankle/foot injury

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation (Criteria for Surgery)

1. Evaluation of response to conservative care, including immobilization (casting, bracing, shoe modification, other orthotics), anti-inflammatory medications, physical therapy, or rehabilitation
2. Evaluation of subjective clinical findings (e.g., pain, ankle instability, swelling, inversion, hyperextension)
3. Evaluation of objective clinical findings (e.g., presence of malalignment, decreased range of motion, grade of injury, presence of osteochondral fragments, medical incompetence, or positive anterior drawer)
4. Imaging studies (x-ray, magnetic resonance imaging [MRI], bone scan, tomography)

Ankle/Foot Surgery

1. Fusion: ankle, tarsal, metatarsal
2. Lateral ligament ankle reconstruction

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developer performed literature searches of the U.S. National Library of Medicine's Medline database to identify data related to the injured worker population.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Consensus development has generally taken place between the permanent members of the subcommittee (orthopedic surgeon, physiatrist, occupational medicine physician, neurologist, neurosurgeon) and ad hoc invited physicians who are clinical experts in the topic to be addressed. One hallmark of this discussion is that, since few of the guidelines being discussed have a scientific basis, disagreement on specific points is common. Following the initial meeting on each guideline, subsequent meetings are only attended by permanent members unless information gathering from invited physicians is not complete.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Following input from community-based practicing physicians, the guideline was further refined.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Criteria for Ankle/Foot

| PROCEDURE | CONSERVATIVE CARE | Clinical Findings | | | | |
|---|--|-------------------|---|-----|---|-----|
| | | | SUBJECTIVE | | OBJECTIVE | |
| | | | | | | |
| <p>FUSION</p> <ul style="list-style-type: none"> • ANKLE • TARSAL • METATARSAL <p>TO TREAT NON-OR MALUNION OF A FRACTURE</p> <p>OR</p> <p>TRAUMATIC ARTHRITIS SECONDARY TO ON-THE-JOB INJURY TO THE AFFECTED JOINT</p> | <p>Immobilization which may include:</p> <p>Casting, bracing, shoe modification, or other orthotics</p> <p>OR</p> <p>Anti-inflammatory medications</p> | AND | <p>Pain including that which is aggravated by activity and weight-bearing</p> <p>AND</p> <p>Relieved by Xylocaine injection</p> | AND | <p>Malalignment</p> <p>AND</p> <p>Decreased range of motion</p> | AND |

| PROCEDURE | CONSERVATIVE CARE | Clinical Findings | | | |
|--|-------------------|-------------------|--|--|--|
| | | | SUBJECTIVE | | OBJECTIVE |
| | | | Description of an inversion AND/OR Hyperextension injury, ecchymosis, swelling | | AND/OR Osteochondral fragment AND/OR Medial incompetence AND Positive anterior drawer |
| <p>Requests to use prosthetic ligaments will not be authorized.</p> <p>Requests for any plastic implant will be referred to a Physician Advisor for re</p> <p>Requests for calcaneus osteotomies will be referred to a Physician Adviser for</p> | | | | | |

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

The recommendations were developed by combining pertinent evidence from the medical literature with the opinions of clinical expert consultants and community-based practicing physicians. Because of a paucity of specific evidence related to the injured worker population, the guideline is more heavily based on expert opinion.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

The (surgical) guidelines are meant to increase the proportion of surgical requests authorized for workers who truly require surgery and to decrease the proportion of such authorizations among workers who do not fall within the guideline.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- The Office of the Medical Director works closely with the provider community to develop medical treatment guidelines on a wide range of topics relevant to injured workers. Guidelines cover areas such as lumbar fusion, indications for lumbar magnetic resonance imaging (MRI), and the prescribing of controlled substances. Although doctors are expected to be familiar with the guidelines and follow the recommendations, the department also understands that guidelines are not hard-and-fast rules. Good medical judgment is important in deciding how to use and interpret this information.
- The guideline is meant to be a gold standard for the majority of requests, but for the minority of workers who appear to fall outside of the guideline and whose complexity of clinical findings exceeds the specificity of the guideline, a further review by a specialty-matched physician is conducted.
- The guideline-setting process will be iterative; that is, although initial guidelines may be quite liberally constructed, subsequent tightening of the guideline would occur as other national guidelines are set, or other scientific evidence (e.g., from outcomes research) becomes available. This iterative process stands in contrast to the method in some states of placing guidelines in regulation. Although such regulation could aid in the dissemination and quality oversight of guidelines, flexibility in creating updated guidelines might be limited.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

All of the surgical guidelines established by the Department of Labor and Industries in collaboration with the Washington State Medical Association (WSMA) have been implemented in the context of the Utilization Review (UR) program (complete details regarding the Utilization Review program can be found on the [Washington State Department of Labor and Industries Web site](#)). It has been critical in contract negotiations with UR vendors to specify that the vendor is willing to substitute WSMA-generated guidelines for less specific standards already in use by the company. The Department of Labor and Industries initiated an outpatient UR program, and this has allowed full implementation of guidelines related to outpatient procedures (e.g., carpal tunnel surgery, magnetic resonance imaging [MRIs]). The scheduled drug use guideline has been used internally, but has not been formally implemented in a UR program.

The intention of the joint Department of Labor and Industries and WSMA Medical Guidelines Subcommittee was to develop treatment guidelines that would be implemented in a nonadversarial way. The subcommittee tried to distinguish between clear-cut indications for procedures and indications that were questionable. The expectation was that when surgery was requested for a patient with clear-cut indications, the request would be approved by nurse reviewers. However, if such clear-cut indications were not present, the request would not be automatically denied. Instead, it would be referred to a physician consultant who would review the patient's file, discuss the case with the requesting surgeon, and make recommendations to the claims manager.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Criteria for ankle/foot. Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug. 2 p.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1992 Mar (revised 1999 Jun; republished 2002 Aug)

GUIDELINE DEVELOPER(S)

Washington State Department of Labor and Industries - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

Washington State Department of Labor and Industries

GUIDELINE COMMITTEE

Washington State Medical Association (WSMA) Industrial Insurance Advisory Committee, Washington State Department of Labor and Industries (L&I)

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Medical Director, Washington State Department of Labor and Industries (L&I):
Gary Franklin, MD

The individual names of the Washington State Medical Association (WSMA) Industrial Insurance Advisory Committee are not provided in the original guideline document.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Washington State Department of Labor and Industries. Criteria for ankle/foot. Olympia (WA): Washington State Department of Labor and Industries; 1999 Jun.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [Washington State Department of Labor and Industries Web site](#).

Print copies: L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

AVAILABILITY OF COMPANION DOCUMENTS

This guideline is one of 16 guidelines published in the following monograph:

- Medical treatment guidelines. Olympia (WA): Washington State Department of Labor and Industries, 2002 Aug. 109 p.

Also included in this monograph:

- Grannemann TW (editor). Review, regulate, or reform? What works to control workers' compensation medical costs? In: Medical treatment guidelines. Olympia (WA): Washington State Department of Labor and Industries, 1994 (republished 2002). p. 3-19.

Electronic copies: Available from the [Washington State Department of Labor and Industries Web site](#).

The following is also available:

- Washington State Department of Labor and Industries. Utilization Review Program. New UR Firm. (Provider Bulletin: PB 02-04). Olympia (WA): Washington State Department of Labor and Industries; 2002 Apr. 12 p.

Print copies are available from the L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on February 14, 2000. It was sent to the guideline developer for review on February 15, 2000; however, to date, no comments have been received. The guideline developer has given NGC permission to publish the NGC summary. This summary was updated by ECRI on May 27, 2004. The information was verified by the guideline developer on June 14, 2004.

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